

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Neylan & Partners			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 12 / 2014		
Mailing Address 9401 Brookmay Court			Amount 127083.75		
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.5349 Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2014		
Purpose of Expenditure media placement		Category/ Type 			
Name of Federal Candidate William Taylor Griffin		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		348873.87	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Neylan & Partners			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 12 / 2014		
Mailing Address 9401 Brookmay Court			Amount 42361.25		
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.5350 Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2014		
Purpose of Expenditure media placement		Category/ Type 			
Name of Federal Candidate Walter B. Jones		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		391235.12	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			169445.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Nancy H. Watkins</i>		[Electronically Filed]		Date MM / DD / YYYY 04 / 14 / 2014	